2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055825

Entity Name: MANOR GROVES, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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300 TOWER ST 300 TOWER ST

LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2091 POST OFFICE BOX 2091 LAKE PLACID, FL 33862 LAKE PLACID, FL 33862 US

FEI Number: 65-0686032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTZ, WALTER F JR 300 TOWER STREET LAKE PLACID, FL 33852 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MONTZ, WALTER F SR MONTZ, WALTER F SR Name: Name: POB 1996 PO BOX 1996 Address: Address:

City-St-Zip: LAKE PLACID, FL 33862 City-St-Zip: LAKE PLACID, FL 33862 US

DST Title: DST () Delete

Title: (X) Change () Addition Name: MONTZ, WALTER F JR Name: MONTZ, WALTER F JR

POB 2091 PO BOX 2091 Address: Address:

LAKE PLACID, FL 33862 LAKE PLACID, FL 33862 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: DV DV

MARTIN, JOSEPH W JR Name: MARTIN, JOSEPH W JR Name: 3025 VALERIE BLVD 3025 VALERIE BLVD Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER F MONTZ SR **PRES** 02/17/2009